

## revised 4/2004

**13. EDUCATION**Are you a high school graduate? ☐ Yes ☐ No

Name of high school: \_\_\_\_\_ Location: \_\_\_\_\_

Colleges or Universities Attended and Location	Dates of Attendance		Hours Earned		Major	Degree level Received	Year Awarded
	From	To	Qtr.	Sem			

  

Business, Trade, Technical Schools and other Training	Dates of Attendance From To	No. of Hours Per Week	Certificates Received	Subject Taken

The **Age Discrimination in Employment Act** prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.**14. EMPLOYMENT RECORD**

This is a highly important part of your application. Please read these instructions carefully before beginning. **Complete the entire section in detail.** From and to dates must be shown in **month/year format**. These entries will be utilized directly to calculate a rating for you. **A notation "See Resume/See Attached" is not acceptable** and will not be used for evaluation purposes. (1) Give a complete record of your employment, starting with your present or most recent position and working back to your first job. (2) Volunteer work may be counted, but you must list the word "volunteer" or "unpaid" in the salary space. (3) **For part-time work, volunteer work or work while in school, you must list the number of hours per week or percentage of a forty-hour week you worked.** (4) Attach additional sheets as necessary if there are not enough blocks to cover your entire work history.

Name of Employing Agency, Company or Institution: _____  Complete address/Phone: _____  Name and title of immediate supervisor: _____  Your job title: _____  Description of your duties and responsibilities: _____ _____ _____ _____	From _____ (month) _____ (year) To _____ (month) _____ (year)  If part time or volunteer, number of hours/week _____  Salary \$ _____  Number of employees under your supervision _____  Your reason for leaving (be specific): _____ _____ _____ _____
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Name of Employing Agency, Company or Institution: _____  Complete address/Phone: _____  Name and title of immediate supervisor: _____  Your job title: _____  Description of your duties and responsibilities: _____ _____ _____ _____	From _____ (month) _____ (year) To _____ (month) _____ (year)  If part time or volunteer, number of hours/week _____  Salary \$ _____  Number of employees under your supervision _____  Your reason for leaving (be specific): _____ _____ _____ _____
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Name \_\_\_\_\_

Name of Employing Agency, Company or Institution: _____	From _____ (month) _____ (year)
Complete address/Phone: _____	To _____ (month) _____ (year)
Name and title of immediate supervisor: _____	If part time or volunteer, number of hours/week _____
Your job title: _____	Salary \$ _____
Description of your duties and responsibilities: _____	Number of employees under your supervision _____
_____	Your reason for leaving (be specific): _____
_____	_____
_____	_____
_____	_____

Name of Employing Agency, Company or Institution: _____	From _____ (month) _____ (year)
Complete address/Phone: _____	To _____ (month) _____ (year)
Name and title of immediate supervisor: _____	If part time or volunteer, number of hours/week _____
Your job title: _____	Salary \$ _____
Description of your duties and responsibilities: _____	Number of employees under your supervision _____
_____	Your reason for leaving (be specific): _____
_____	_____
_____	_____
_____	_____

Name of Employing Agency, Company or Institution: _____	From _____ (month) _____ (year)
Complete address/Phone: _____	To _____ (month) _____ (year)
Name and title of immediate supervisor: _____	If part time or volunteer, number of hours/week _____
Your job title: _____	Salary \$ _____
Description of your duties and responsibilities: _____	Number of employees under your supervision _____
_____	Your reason for leaving (be specific): _____
_____	_____
_____	_____
_____	_____

Please place a circle around "Yes" or "No" as appropriate for the following question.

15. Have you ever been discharged or asked to resign from any position?    Yes    No    If Yes, give details

_____
_____
_____
_____
_____
_____
_____

**Please place a circle around "Yes" or "No" as necessary to answer the following questions.**

16. How much notice will you require to report to work? (That is, how much time will elapse between being offered employment and actually reporting to work. \_\_\_\_\_

17. Are any members of your family or any relative (by blood or marriage) employed by Fulton County? Yes No If yes, give name, relationship, and where employed \_\_\_\_\_

18. Usually over a period of time the duties and responsibilities of a position will tend to change. This may arise from changes in technology, changes in the function of the department, or changes in the clientele group served by a department. Do you agree to accept material changes in the duties and responsibilities of your position if hired? Yes No

19. Certain positions with Fulton County require shift work, rotating shift work, some other departure from standard daytime operating hours or may require transfer to another location. If it is necessary of a position into which you are placed, would you accept these conditions? Yes No

20. Will you accept part-time work (contingent upon completion of fingerprint/records check)? Yes No If yes, indicate minimum percentage of full time you will accept. \_\_\_\_\_

21. The following questions have to do with violations of the law. A conviction for a violation does not automatically mean that you cannot be appointed. Give all pertinent facts so that a decision can be made. In answering the following items you may omit minor traffic violations.

1. Have you ever been convicted of an offense against the law Yes No

2. Have you ever been convicted of an offense against the law while in military service Yes No

3. Was any conviction pursuant to an adjudication in a juvenile court, a youthful offender act or first offenders act? Yes No

If the answer to any of the above questions is "yes," give details below. Show for each offense the date, charge, place, court, and action taken. Attach extra sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_

22. List below the names and address of two (2) persons (not relatives or former employers) who have knowledge of your character and qualifications and whom we may contact:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

23. Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in this application. You may attach additional sheets if necessary. Please indicate the number of the item in the application to which you are referring.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. **CERTIFICATION:** (Please read the application and your answers careful before signing.)

I understand and certify that all information given in this application is true and correct to the best of my knowledge and belief. I understand that any untrue or misleading answer or concealment of any fact will constitute grounds for no further consideration of this application or immediate discharge at any time during employment that such false or misleading statement or concealment of any fact becomes known. I hereby authorize Fulton County to verify, at any time, any information contained in this application.

I hereby relinquish the right to my last paycheck and/or pension refund check until all debts have been satisfied for all lost equipment assigned to me and/or property damages created by me.

**Fair Labor Standards Act Disclosure:**

If employed in a non-exempt position, as a term and condition of employment in such a position with Fulton County, I agree that I will receive compensatory time instead of cash payment as provided by law. I also understand that when I leave the County, any accrued compensatory time will be paid in cash based on my regular rate of employment for the last 3 years or my final regular rate of employment, whichever is higher.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*It is the policy of Fulton County that there will be equal opportunity for every citizen, employee, and applicant based upon merit, without regard to race, color, religion, national origin, gender, age, disability or sexual orientation.*

## FULTON COUNTY PERSONNEL BOARD

### APPLICATION QUESTIONNAIRE

Please take a moment and let us know how you learned about our Job Vacancy Postings

Please place a check mark (✓) by any source used.

#### Newspapers

\_\_\_\_\_ Atlanta Journal-Constitution

\_\_\_\_\_ Job Line Recording

\_\_\_\_\_ Atlanta Daily World

\_\_\_\_\_ Fulton County Cable TV Channel

\_\_\_\_\_ Atlanta Inquirer

\_\_\_\_\_ Atlanta Voice

\_\_\_\_\_ Southern Voice

Web Site

\_\_\_\_\_ Mundo Hispanico

\_\_\_\_\_ Fulton County

\_\_\_\_\_ Neighbor Newspapers

\_\_\_\_\_ Other

\_\_\_\_\_ Other

#### Professional Publication:

Which one: \_\_\_\_\_

\_\_\_\_\_ County Employee

\_\_\_\_\_

\_\_\_\_\_ Other Person

This information is solicited to facilitate Federal Reporting Requirements. Once entered into a Confidential Computerized Information System, the information is disassociated from your name and will not be used for employment purposes

#### RACE

\_\_\_\_\_ White

#### SEX

\_\_\_\_\_ Male

#### DATE OF BIRTH

\_\_\_\_ MONTH - DAY - YEAR

\_\_\_\_\_ Black

\_\_\_\_\_ Female

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ American Indian/Alaskan Native

#### SOCIAL SECURITY NUMBER (Number is required to add application to system)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you are recorded by previous employers under another name, such as maiden name or name on Social Security Card, please indicate name below:

\_\_\_\_\_